

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 593

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2905 Sylvania /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community life
(Specify whether years, months or days)

3. (c) PRINT FULL NAME Mary Kurtz Swank

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wallace E. Swank

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name William B. Johnson

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary K. Colhoun

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace E. Swank, Jr.

(b) Address 2905 Sylvania

17. (a) burial (b) Date thereof 5/21 /46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter B. Dole & Sonman

(b) Address St. Joseph, Mo.

19. (a) May 23, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2905 Sylvania
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 26
1946 to 29 May 1946
that I last saw her alive on 19 May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to acute asthma 24 hrs.

Due to _____

Other conditions Arteriosclerosis and paralytic agitans
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy [Signature]

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Walter B. McDaniel (M. D. or other) M.D.
Address 301 N. 8th St. ST. JOSEPH Date signed 20 May 46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

AUG 5 1946

3017184

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 3196 10th St. Joseph, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.